stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

pe

AGE should be

certificate.

See instructions on back of

STATE (	OF MARYLAND—	CERTIFICATE OF DEATH	764
County Worcester	किलात ०००		0
Village or City Logomolic	death occurredyrsmos	No. 608 Second Street. St.,  f death occurred in a horpital or institution, give its NAME instead of street and nu st	sds.
(a) Residence: No.	(Usual place of abode)	St., Ward.	
PERSONAL AND STATIST		If nonresident give city or town and S  MEDICAL CERTIFICATE OF DEATH	itate
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Pocomoke City.July 2nd., (Month) (Day)	193 6 (Year)
5a. If married, widowed, or divorced HUSBANO of a bitha Beau	champ	22. I HEREBY CERTIFY, That I attended do	eceased from
7. AGE Years Months  7. S. Trade, profession, or particular kind of work done, as SPINNER,	y 13th.1857  Oays  If LESS then 1 day, hrs.  or min.  etired carpenter	to have occurred on the date stated above, at	death is said  Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	, 11. Total time (years)	Aortic Reguggitation (Compensated but weak)  Chronic Nephritis  (The Oates these started I Other Contributory Causes of importance:	in F. F.
12. BIRTHPLACE (city or town) JOPQOST (State or country) Nary 1.8	er County		
II. NAME Levin W. Beauc	champ	<u>J</u>	
I3. NAME Levin V. Beauce  14. BIRTHPLACE (city or town) OFCC (Stete or country) I say 1	ster County and.	Name of operation Date of What test confirmed diagnosis? Was there an au	topsy?
15. MAIOEN NAMES ALLIE HOLE  16. BIRTHPLACE (city or town) NORCO (State or country)  17. INFORMANT IS J. B. MOORE	ester County land.	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where dld injury occur?  (Specify city or town, coucty and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	)
(Address) D. L. P.	and.	Manner of injury	
19. UNDERTAKER PRIORIES (Address) COMORO OI	Steverson y, Naryland	24. Was disease or injury in any way related to occupation of deceased? NO	)

Registrar.

Pocomoke

City, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis CEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AIIG 3 1930	July 5, 1927	Peritonitis	3 days ago	
SURFAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF PEATH	230
County Arcesto	Registration Dist. No.
Village or City Policy	CONOCKE CITY, R.F.D. # 2 St., Ward feelth occurred in a horpital or institution, give its NAME instead of street and number)  s. ds. How long In U. S. if of foreign births, yrs. mos. ds.
2. FULL NAME Jula 13 (Usual place of abode)	St., Ward. 1915 - 17-30  If nonresident five city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DtVORCED (write the word).	21. DATE OF DEATH  (Month)  (Day)  (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Section 1. Secti	22. 3 I HEREBY CERTIFY. That I ettended deceased from 1945; to 7, 1945; death is said
7. AGE Years Months Deys if LESS then I day, hrs. or min.	to heve occurred on the date stated above, at 20 9 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes dona, es SILK MILL, SAW MILL, BANK, etc  10. Date deceasad lest worked et this pecupation (month end the securation (month end the securatio	6/1-3
10. Date deceased lest worked et this occupation (month end year)  12. BIRTHPLACE (city or town) (State or country)	Onto Contributory Causes of importence:
13. NAME  14. BIRTHPLACE (city or town)  (Steta or country)	Neme of operation Date of
15. MAIDEN NAME ACCOUNTY  16. BIRTHPLACE (city or town) (Steta or country)	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?
17. INFORMANT (Address)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
wardtown. Accomac Co. bate. July 10.19.36	Natura of Injuly.
19. UNDERTAKER N. A. Shields (Address) New Church, wirginia	24. Was disease or injury in any wey reletad to occupetion of decaesed?  If so, specify
20. FILED 19 71 , 1936 From 1 Registrar.	(Signed) M. D

V. S. No. 1

FATSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

should be it may be

AGE

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLA

FOR BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Diample 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis ECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage ASC 3 1875	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	Moy 1,1923	Gastroenteritis	1 year	

	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7766
1. PLACE OF DEATH	(100)
County Worcesly	Registration Dist. No. 35/
Village or City 2 Drynn Hill	NoSt.,Ward
(/^	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary Boss	
(a) Residence: No.	C6 Ward
(Usual place of abode)	St., Ward.  If nonresident give eily or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (with a word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) on 20 1493	I last saw h A Realive on All Del 1930: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 A fm.
43 6 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Jauseurge SAWYER, BOOKKEPER, etc.	Date of onest
kind of work done, as SPINNER Constitution of work done, as SPINNER Constitution of the second of th	Cours Tuilkunna 1777
10. Date deceased last vorked at this occupation (nonth and year)  11. Total time (years) spent in this occupation 20.46	Duration i force days. Cut & R.
	Other Contributory Causes of Importance:
(State or country)	
13. NAME With Coss	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy? 44
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT SHOW THE REST TO THE PROPERTY OF	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Millages and Dataly 19,136	Manner of injury
19. UNDERTAKER/HARME - Dans	24. Was disease or injury in any way related to occupation of deceased?
(Addiess mont Hill Jug	If so, specify
20. FILED 7/28/, 1936 REPOR Sciente	(Signed) Address) July M. D. M
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
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Chronic interstitid nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage ALIC 5	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory-eauses of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
****	CA CACA	T CATE	T CICITIZATE	DITTELLINITIALITY	73.1	T II I DI CIA	7.4



V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 7767
1. PLACE OF DEATH	<u> </u>
County Naccisles was to an	Registration Dist. No. 30/
Village or City Snow Hill	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Elizabeth Conne	· · · · · · · · · · · · · · · · · · ·
	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH
Hemale White Widowed	(Month) (Day) (Tear)
5a. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Celbert Council	Mey / 1936 to Ally 4 1936
6. DATE OF BIRTH (month, day, and year) OFT. 17-1847	last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2
7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER. Journal SAWYER, BOOKKEEPER, atc.	Opertuliones 7 faco 1932
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, atc  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decaased last worked at this occupation (montand, this occupation) (montand, this occupation (montand, this occupation (montand, this occupation) (montand, this occupation (montand, this occupation) (montand, this occu	
SAW MILL, BANK, etc	
this occupation (month and 1936 spent in this 40 418	<b>y</b>
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) May Cana,	
# 13. NAME Oberger fones	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
6 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury,19
≥ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MING CRESSIE Synais	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL OBEMATION OR REMOVAL	Manner of injury
Plant E. Ceny Focal Date Villy 6, 1926	Nature of injury
7/200 0 50	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Address Anomy Throngs	If so, specify
7/1 31 PC P	(Signed) Dua h, July M.D.
20. FILED / 6, 19.00 Registrar.	(Address) Driver Hill. Ind.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1	ì	Example 11		
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	ertificate.
HIS ]	be s	pe p	of ce
INLY, WITH UNFADING INK-TH	be carefully supplied. AGE should	EATH in plain terms, so that it may	TION is very important. See instructions on back of certificate.
PLAI	plnou	OF DE	very i
-WRITE	mation sh	GAUSE C	TION is

27,1936

V. S. No. 1 B.

should state tem of infor-

of OCCUPA.

SIAIE OF MARYLAN  1. PLACE OF DEATH  County Marcenter within Gerro	ND—CERTIFICATE OF DEATH 7768
Village or City Rocomoke City	Registration Dist. No.  No. 436 Bank St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  mos. ds. How long In U.S. if of foralgn blrlh? yrs. mos. ds.
2. FULL NAME Maggie E. Gropper	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE Female Colored 5. Single, Married, Wild OR DIVORCED (write the	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of John Cropper	22. — PIHEREBY CERTIFY. That I attended deceased from
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BDOKKEEPER, etc. Housewife 9. Industry or business in which	I last saw h R. alive on Help 25., 1936; death is selected above, at 3.25 Rm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  DIAGETIS ME MILES
work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date daceased lest worked at Jay 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town) Stagville (State or country)	Dther Cantributory Causes of Importance:  CONIA T CON VUISCON S 1/4/8
13. NAME Edward Cottingham  14. BIRTHPLACE (city or town) Nercester County (State or country) Karyland.	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (cily or town) Worcester County (Stete or country) Laryland.  17. INFORMANT Stella Cropper (Address) Locomoke City, Karyland.	23. If death was due to external causes (VIOLENCE) fill In also tha following:  Accident, suicide, or homicida?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address) POCOMOKE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	H	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephratis	1921	Run over by street car	1 week ago
Cerebral hemorrhage J	uly5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
			2 9001



V. S. No. 1 B

County Workston  No.	1. PLACE OF DEATH	I LAND	CERTIFICATE	OF DEAT	n. 33	4.63
Village or City New March College of City or town where death occurred to a hospital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred to the hospital or institution, give its NAME instead of street and number)  2. FULL NAME AND STATISTICAL PROTICEDARS  PERSONAL AND STATISTICAL PROTICEDARS  3. SEX 4. COLOR OR RACE 5. INCLE MARKED, WIDOWED, OR DIVORCEO (wire the word)  OR DATE OF BIRTH (month, day, and year) face 23 (736  DATE OF BIRTH (month, day, and year) face 23 (736  DATE OF BIRTH (month, day, and year) face 23 (736  DATE OF BIRTH (month, day, and year) face 23 (736  DATE OF BIRTH (month, day, and year) face 23 (736  DATE OF BIRTH (month, day, and year) face 23 (736  DATE OF BIRTH (month, day, and year) face 23 (736  DATE OF BIRTH (month, day, and year) face 23 (736  DATE OF BIRTH (month, day, and year) face 23 (736  DATE OF BIRTH (month, day, and year) face 23 (736  DATE OF BIRTH (month, day, and year) face 23 (736  DATE OF BIRTH (month, day, and year) face 24 (736)  Or and the second second second second from the date stated show, at 1 (736)  Or and the second second second second from the date stated show, at 1 (736)  Date of properson on perticular part of the date stated show, at 1 (736)  Date of properson on perticular part of the date stated show, at 1 (736)  Date of properson on perticular part of the date stated show, at 1 (736)  Other Castributory Cases of silts with the coupsition (month and year) part of the date stated show, at 1 (736)  Date of properson on perticular part of the date stated show, at 1 (736)  Date of properson on perticular part of the date stated show, at 1 (736)  Date of properson on perticular part of the stated show, at 1 (736)  Date of properson on perticular part of the date stated show, at 1 (736)  Date of properson on perticular part of the date stated show, at 1 (736)  Date of properson o	1		9/	Baristastina Dia	- F = 3 - F	/
Length of residence in city or fown where death occurred.  YELL NAME  (a) Residence: No.  (Dual place of shock)  PERSONAL AND STATISTICAL PATICULARS  3. SEX  (COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  (Buyorke of word)  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  (Buyorke of word)  A. COLOR OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  A. Color OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)  (Buyorke of word)  A. Color OR RACE  S. SINCLE MARRIED, Willoward  (Buyorke of word)	9 10 /-			Kegistration Dis	t. ND.	
2. FULL NAME  2. FULL NAME  (a) Residence: NA  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICONARS  3. SEX  4. COLOR OR RACE  5. SIKURE MARRIED, MIDOVED, MIDOVED, MIDOVED, MIDOVED, Or Order to the Married wishowed, or diversed MUSBARD or Or Or O'CHANGE MARRIED, MIDOVED, O'CHANGE MARRIED, O'CHANGE MARRIED, MIDOVED, O'CHANGE MARRIED, O'CHANGE MA	Village or City Men Cult	(If	death occurred in a hospital or institu	ution, give its NAME in	stead of street and n	
(a) Residênce: NA.  (Usual place of abodo)  PERSONAL AND STATISTICAL PATTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE, MARRIED, WIDOWED, OR DIVORCED Courie the word)  Sa. If married, widowed, or diverced (Gr) Wife of  Correct Courie	Length of residence in city or town where death occurred					
3. SEX 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED, OR BUYORED (write the word) 5. If married, widowed, or divorced (licight) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. STRAB, profession, or particular work done, as \$FINNER, SAWYER, BDDKREPER, stc. 8. STRAB, profession, or particular work done, as \$FINNER, SAWYER, BDDKREPER, stc. 9. Industry on business in which work was done, as \$FINNER, SAWYER, BDDKREPER, stc. 9. Industry on business in which work was done, as \$FINNER, SAWYER, BDDKREPER, stc. 9. Industry on business in which work was done, as \$FINNER, SAWYER, BDDKREPER, stc. 9. Industry on business in which work was done, as \$FINNER, SAWYER, BDDKREPER, stc. 9. Industry on business in which work was done, as \$FINNER, SAWYER, BDDKREPER, stc. 9. Industry on business in which work was done, as \$FINNER, SAWYER, BDDKREPER, stc. 9. Industry on business in which work was done, as \$FINNER, SAWYER, BDDKREPER, stc. 9. Industry on business in which work was done, as \$FINNER, SAWYER, BDDKREPER, stc. 9. Industry on business in which work was done, as \$FINNER, SAWYER, BDDKREPER, stc. 9. Industry on business in which work was done, as \$FINNER, SAWYER, BDDKREPER, stc. 9. Industry on business in which work was done, as \$FINNER, SAWYER, BDDKREPER, stc. 9. Industry on business in which work was done, as \$FINNER, SAWYER, BDDKREPER, stc. 9. Industry on business in which were as follows: 9. Industry on business in which were as follows: 9. Industry on business in which was the stated above, at \$FINTER, the work of the word on the destated above, at \$FINTER, the word of the word on the sawyer on the		Hollas of abode)				State
Sa. If married, widowed, or divorced RUSBAND or HUSBAND	PERSONAL AND STATISTICAL PORTI	CULARS	MEDICAL C	ERTIFICATE C	F DEATH	
5. ALTE OF BIRTH (month, day, and year) Jan 23 / 736  6. DATE OF BIRTH (month, day, and year) Jan 23 / 736  7. AGE Years Months Days II LESS than 1 day,	or Divorce	D (write the word)	21. DATE OF DEATH	(Modifi)	14	193 6
6. DATE OF BIRTH (month, day, and year) fan 23 / 136  7. AGE Years Months Days II LESS than 1 day hrs. or min hrs. or hrs. hrs. hrs. hrs. hrs. hrs. hrs.				V	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Market III
T. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  Date cleases  Were as DDKKEPER, atc.  SAWYER, BDDKKEPER, atc.  SAWYER, BDDKKEPER, atc.  SAWYER, BDDKKEPER, atc.  SILK MILL,  SAWILL, BARK, etc.  11. Total time (years) spent in this occupation  Other Centributory Causes of importance:  Was there an autopsy?  Was there an autopsy?  Was there an autopsy?  15. MAIDEN NAME  Lydia  Jis. BIRTHPLACE (city or town) (State or country)  Was there an autopsy?  15. MAIDEN NAME  Lydia  Jis. BIRTHPLACE (city or town) (State or country)  Was there an autopsy?  22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicida?  Date of Injury  Where did Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  Menner of injury  Where did Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  J. M. D.	(or) WIFE of	4.6	1 HEREBY	SERTIFY	That I attended d	laceased from
T. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  Date cleases  Were as DDKKEPER, atc.  SAWYER, BDDKKEPER, atc.  SAWYER, BDDKKEPER, atc.  SAWYER, BDDKKEPER, atc.  SILK MILL,  SAWILL, BARK, etc.  11. Total time (years) spent in this occupation month and year)  Spent in this occupation  Other Centributory Causes of importance:  This occupation  Other Centributory Causes of importance:  Was there an autopsy?  Was there an autopsy?  15. MAIDEN NAME  Jana Male  Jana Ma	S DATE OF BIRTH (month day and was)	411 -	Viaet eaw heart alive on	July.	, ,36	death is said
8. Trada, profession, or perticular kind of work done, as SPINNER, No. 1. Mounts of the control work done, as SPINNER, No. 1. Mounts of the control work done, as SPINNER, No. 1. Mounts of the control work was done, as SILK MILL, SIMPLE, SILK MILL, SILK				ed above, at	Zm.	, 40011113 3014
8. Trada, profession, or perticular Rivor of Come as SPINER, 180 Marker Rivor of Come as SPINER, 190 Marker Rivor of Come as SPINER, 190 Marker Rivor of Come as SPINER, 190 Marker Rivor Rivor Res done, 251 K MILL, 5ANN, etc.  10. Dete deceased last worked at this occupation (month end occupation occupation)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME Demus Holland  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Lydia Jimportune  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Place  Oeta Lydia  19. Manuer of operation  What test confirmed diagnosis?  Was there an autopsy?  21. Ideath was due to external causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicida?  Date of injury  What edid Injury occurred in INOUSTRY, in MOME, or in PUBLIC PLACE.  (Addrass)  Manuer of injury  Neture of injury	6 14.		The PRINCIPAL CAUSE OF DEA	TH and related ceuses of	of importance	
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Steta or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, GREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Other Coatributory Causes of Importance:  Other Coatributory  Other Coatributor	8. Trada, profession, or perticular	, 0	were as ronows.	1.	0	Date of onset
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Steta or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, GREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Other Coatributory Causes of Importance:  Other Coatributory  Oth	SAWYER, BDDKKEEPER, atc	20	acute.	dean	tea	7/5/36
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Steta or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, GREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Other Coatributory Causes of Importance:  Other Coatributory  Oth	9. Industry or business in which work was done, as SILK MILL,			يدر.		
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (Stela or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. Other Ceatributory Causes of Importance:  Other Catributory Causes of Imp		nt In this		· · · · · · · · · · · · · · · · · · ·		
(State or country)  14. BIRTHPLACE (city or town) (Steta or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL (Addrass)  18. BURIAL, CREMATION, OR REMOVAL (Address)  19. UNDERTAKER (Address)  20. FILED  7/ 4/, 19-3 6 REMOVAL (Signed)  13. NAME  14. BIRTHPLACE (city or town) (Steta or country)  Neme of operation. What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homleida? Date of injury (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury Neture of injury  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased? (Signed)  25. MAIDEN NAME (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country	2	n d	Other Contributory Causes of Imp	ortance:		
13. NAME So enuel Holand  14. BIRTHPLACE (city or town)		nu	3/5-			
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME Lydia Jimunus  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Lydia Holland (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place Guident State Oeta Lydia Holland  19. UNDERTAKER (Address)  20. FILED 7// 4/, 193 6 Read Service Mark State Of Confirmed diagnosis? Was there an autopsy?  21. Was there an autopsy?  22. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicida, or homleida?  Specify whether injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  Menner of injury  Neture of injury  19. UNDERTAKER (Address)  16 so, specify  (Signed)  (Signed)	II 13. NAME To emuel Hollan	- 1	or car			
What test confirmed diagnosis? Was there an autopsy?	TA RIPTUPLACE (city of town) M. d.		Name of operation		Data of	
15. MAIDEN NAME Lydia Timenous  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Lydia Holland:  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  Oeta  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED  7/ 4, 193 6 Renow Service and ser	(Steta or country)			4		utopsy?
Whate did Injury occur?  (Specify city or town, county and State)  17. INFORMANT Ly dia Holland (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place 9 10 0eta 2 19 19 Menner of injury  19. UNDERTAKER (Address)  17. INFORMANT Ly dia Holland Menner of injury Neture of injury  19. UNDERTAKER (Address)  18. Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  19. UNDERTAKER (Address)	15. MAIDEN NAME Lydia Times	cons				
Whare did Injury occur?  (Specify city or town, county and State)  17. INFORMANT Ly dia Holland (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place 9 John Rev Octa 2/17, 19  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED 7/14, 1936 Revolution Selected (Signed)  (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Signed)  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Signed)  (Signed)  (Signed)	5 16. BIRTHPLACE (city or town) Berling	md.	Accident, suicida, or homicida?	TVO Dat	e of Injury	, 19
17. INFORMANT 44 death Many and Many and Menner of injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place 94600 Oeta 7/19.  19. UNDERTAKER (Address)  20. FILED 7/14, 1936 Redown Services (Signed)  21. INOUSTRY, In HOME, or in PUBLIC PLACE.  Menner of injury Neture of injury  19. UNDERTAKER (Address)  22. Signed)  (Signed)	(State or country)	4	Whare did Injury occur?	(Sacrifer sites on the		
Place 9 years Oeta 1 7 19 Neture of injury  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  25. FILED 7/14 1936 Reday Secret (Signed)  (Signed)		dipland	Specify whether injury occurred i	n INOUSTRY, In HOME	, or in PUBLIC PLA	ĆE.
19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  25. FILED 7/14, 1936 REDay Societh (Signed)  7. M. D.	18. BURIAL, CREMATION, OR REMOVAL	11 31	Menner of injury			
(Address) If so, specify C. 6. Charter M. D. (Signed) (Si	Place Julion Cu. Oeta L	7 , 19	Neture of injury			
20. FILED 7/14/, 1936 LE Coy Serieth (Signed) 307 Doin 70 1 M.D.	19. UNDERTAKER 22 m S M LLC	Charles	24. Was diseasa or injury-in any v	vay related to occupation	n of deceased?	170
20. FILED 11. 1900 Company of the co	(Address) Snowthin	e ma	If so, specify	6.00		
	20. FILED 7/14, 1936 LE Coy	Registrar.		Berle	ic n	M. D.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

MANAGER

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis AUG	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BU			4.743
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 777()
1. PLACE OE DEATH	92-20
County Worgester	Registration Dist. No. 35/
Village or City Gudletree P. A.D.	No. St Ward
Length of residence in city or town where death occurred 27 yrs, 4 mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
Blin lett Cline Ver	m.
2. FULL NAME VINIARIA WILLE FEST	If U. S. Veteran, specify WAR
(a) Residence: ND. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the yord)	21. DATE OF DEATH
5a. If married, widowad, or divorced	(Month) (Dey) (Year)
HUSBAND of William J. Lester	22. I PEREBY CESTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mosch 10-1859	tract saw of alive on July 17 19 O death is said
7. AGE Years Months Days If LESS than	have occurred on the date strad above fet
77 4 6 1day,hrs.	The PRINCIPAL CAUSE OF BEATH and related ceuses of Importence were as follows:
8 Trade profession or particular 7/	DA
SAWYER, BOOKKEEPER, etc. fausewife	Moumatio Endocarditis?
9. Industry or business in which work wes done as SILK MILL,	y source character,
kind of work dona, as SPINNER SAWYER, BODKKEEPER, etc.  9. Industry or businass in which work wes dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (means) spant in this.	,
o this occupation (month year) spant in this 50 // specific occupation	Other County of the county of
12. BIRTHPLACE (city or town)	Other Contributory Canses of Importance:
(State or country) Mayland	anone suveardily
13. NAME Mombs Donoway	Chime enfeverador >
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
# 15. MAIDEN NAME Parah yard	23. If death was due to external ceuses (VIDLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?Dete of Injury19
State of country of the state of	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Manner of injury
Place Jolegy Suddens Date feely 1936	Natura of injury
10 HADEDTAKED SCOTTERS TO IN	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER AND MILE THE THE CANADA AND THE CONTROL OF THE CONT	Il so, specily
20, FILED 7/17, 1936 & F. Lac Swith.	(Signed) T. D. Malschell J.D.
Registrar.	(Address) Surviville, Me,
If more blanks ask needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial membritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 5 1930	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.—V

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH
County Wordster	254
	Registration Dist. No. 377
Village or City Amout Thel, and	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo:	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Walter I her done &	huson
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male Colourd	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(or) wire of	19 to
6. DATE OF BIRTH (month, day, end year) Quely 20 1936	I lest saw h alive on 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$130 Pm.
1 day, 14 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Buby Risal when how
No. Trade, profession, or particular  kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MiLL, SAW MILL, BANK, etc  10. Date deceased last worked at  11. Total time (years)	had kold so and hours
10 Date deceased last worked at 11. Total time (years)	puparts.
this occupation (month end spant in this year) occupation	Jod no Doctor
12. BIRTHPLACE (city or town) Snow ICI	Other Contributory Causes of importance:
(State or country)	
13. NAME Theodore Johnson	
14. BIRTHPLACE (city or town) And July Md	Name of operation
(State or country)	Name of operation Data of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME I Silder Dyer	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Wilming face Del	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Theodore whysen.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Smaw July Mil	•••••••••••••••••••••••••••••••••••••••
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Darles Canaling Date July 2 J. , 1936	Nature of injury
19. UNDERTAKER Willam Willgains	24. Was disease or injury in any way related to occupetion of deceased?
(Address) Small Hell Mil	If so, specify
20. FILED July 1 Q , 1936 many M. Taylor	(Signed) Many M. Taylor Tweel Rigids
Registrar.	(Address) Atolitace Visid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
, V. 5			
DEAU			
Other contributory causes of importance:		Other contributory causes of importance:	144 2 (6)
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA'	TEMENTS BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	WITHIN CORPORATE CAMPING
County Warcester	Registration Dist. No. 356
Village or City Comole Certy	No. St., Ward
Length of residence in city or town where death occurred yrs mo	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Co. Sand	
(a) Residence: No.	If U. S. Veteran, specify WAR.
(Ustial place of abode)	St. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Purite the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22. 7/ HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, end year) \ Que 21-1866	I last saw he elive on 19.36; deeth is seld
7. AGE Years Months Deys If LESS then	to heve occurred on the dete steted above, 45, 20 fr. m.
89 7 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
8. Trade profession or perticular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work wes done, as SILK MILL. SAW MILL, BANK, etc  10. Dete deceased lest worked at this occupation (month and	Judden Release 7/2 7,30
10. Dete deceased lest worked at this occupetion (month and year)	
Pro . O. Pita	Other Contributory Causes of importance;
(Stete or pountry)	milians Strange 1941
13. NAME / cae / Orydu	
13. NAME 13. NAME 14. BIRTHPLACE (city or town) of the state of Country (State or country)	Name of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME NAME NAME OF A RANGE	23. If deeth was due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Margarette Cas (Stete or country)	Accident, suicide, or homicide?Oate of Injury,19
17. INFORMANT MASS. Journe Reese (Address) Wo standard steer had	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, PRIMATION, OR REMOVAL Date, July 30, 19 3	Manner of Injury
Pocpuste Ville	Neture of injury
19. UNDERTAKER Selvens	24. Wes disease or injury in eny way related to occupation of deceesed?
(Address) To come las Cuty, Mid	If so, specify (Signed) M. O.
20. FILED FILLY 3 Cd, 19 3 Cd. Forman Resistrar.	(Address) Jacobs Chy

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AMG 3 1333	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHYSICIAN
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N. B.

1. PLACE O	F DEATH			<u> </u>	
County	Worcester			Registration Dist. No	3.50
Village or (		oke C1.t	(1	NOSt., If death occurred in a hospital or institution, give its NAME instead of street a sds. How long In U.S. if of foreign birth?yrs.	nd number)
2. FULL NA		nLewi		S	03
(a) Reside	nce: No.	(Usual plac	e of abode)	St., Ward.  If nonresident give city or town	and State
PERSO	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	ł
Female	4. color or race White		RRIED, WIDOWED,	21. DATE OF DEATH July 16, 1936 (Oay)	, 193 (Yaar)
5a. If marriad, widow HUSBANO of (or) WIFE of	wed, or divorced			22. I HEREBY CERTIFY, That I attend	
6. DATE OF BIRTH	(month, day, and year) Ju		1936.		
Sti		Days	If LESS than 1 day,hrs. or min.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
SAWYER	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc business in which			Still born.	
Work was	is done, as SILK MILL, LL, BANK, atc				
CITIS OCCU	sed last worked at upation (month and	sp 06:	time (years) ant in this cupation		
12. BIRTHPLACE (c (State or cou	ity or town)	oke City	, Md.	Other Contributory Causes of importance:	
13. NAME	John W. Lewi	S			
	E (city or town) Mary	yland		Name of operation	
15. MAIOEN NA	AME Pansy Eliz	zabeth H	Baylis	23. If death was due to external causes (VIOLENCE) fill in also the follow	
	E (city or town) VIII r country)	ginia		Accident, suicide, or homicide? Oata of Injury Where did injury occur?	
(Address)	John W. Lewi Pocomoke Ci	Lty, Ma.		(Specify city or town, county and Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC	State) PLACE.
	TION, OR REMOVAL OUT	ten Cem Date Jul		Manner of injury	
19. UNOERTAKER (Address C	Father) Joh	n W. Lew	is	24. Was disease or injury In any way related to occupation of deceased?  If so, specify	
20. FILEO July		John.	7. Rely	(Signod) allarky	М. Г
		0	Registrar.	(Address) Pocomoke City Md.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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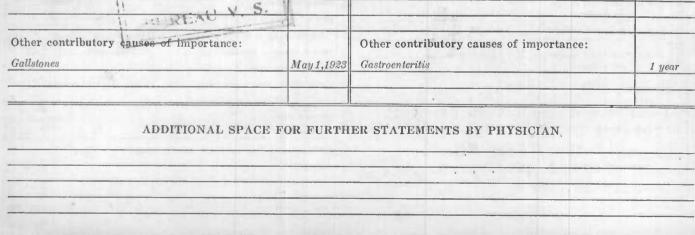
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 3	July 5,1927	Peritonitis	3 days ago
THEREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE	EMENTS BY PHYSICIAL	1
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state

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PHYSICIAN

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important.

18. BURIAL, CREMATION, OR REMOVAL

(Address)Pocomoke

19. UNDERTAKER

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WRITE mation LION

may

plnods

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Worcester

Registration Dist. No. Village or City Reaver Dam No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where deeth occurred \_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_ds. How long in U.S. If of foreign birth? \_\_\_\_\_yrs.\_\_\_\_\_ds. 2. FULL NAME Arthur H. Northam If U. S. Veteran, specify WAR\_ (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Wildower (Month) 5a. If married, widowed, or divorced HUSBAND of Olevia T. Northam I HEREBY CERTIFY That Mattended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Sentember 9th1862 7. AGE Years If LESS than Days to have occurred on the dete stated above of 12.30 Pm 1 dey, \_\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. 8. Trade, profession, or perticular de, profession, or periodical kind of work done, as SPINNER, Retired OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked et II. Totel time (yeers)
spent in this this occupation (month and 7 9 occupation \_\_ 12. BIRTHPLACE (city or town) \_\_\_ (State or country) FATHER I3. NAME 14. BIRTHPLACE (city or town) ACCOMAC Name of operation ... (State or country) What test confirmed diagnosis? MOTHER IS. MAIOEN NAME Sarania

23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) ACCOMAC Accident, suicide, or homicide?\_\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_19 (Stete or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) 17. INFORMANT Laryey Werthan Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way releted to occupation of deceased?

If so, specify (Signed) (Address) LCC

Date of onset

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Menner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1931	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Tuly 5, 1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIA	IN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7776
1. PLACE OF DEATH	600
County workester	Registration Dist. No. 353
Village or City new whalendle	' No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How iong in U.S. if of foreign birth?
2. FULL NAME Mary Parke	1/ If U.S. Veteran specify WAR
(a) Residence: No. Whalesulle	
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles: Parkers:	22. I HEREBY CERTIFY, That I attended deceased from
10 (10/2	19 26, to July 3 , 19 3 6
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	Jast saw hen alive on 19 3 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
S Trade profession or positively	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
	wind Himmonage fre 20
Andustry or business in which work was done, as SILK MILL, Rented homes	
10. Date deceased last worked at this occupation (month and year) spant in this occupation.	
12. BIRTHPLACE (city or town) Werelynely ful.  (State or country)	Other Contributory Causes of importance:
13. NAME Burell Leura  14. BIRTHPLACE (city or town) 22 and a country)	
14. BIRTHPLACE (city or town) and and	Nama of operation Nove Data of
(State of Country)	What test confirmed diagnosis? 90000 Was there an autopsy? Pice
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT I mank Bouken	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Bothe Cenelly Date July 7 1936	Manner of injury
19. UNDERTAKER 8. 9V Water 19. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 6, 1936 James & Ryan	(Signed) Q. A. Holland M. D.  (Address) Bellin M. D.
<b>₩</b>	Parry N. Charles Street Religious Paragraphy 71 C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 4 19.6	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	DI ACE	I. OIL	T. OTCLITTE	PIVITIMITATION	17 1	TITT DICTITI



of st iii.	1. PLACE OF DEATH	1572		
	County Worcestey	Registration Dist. No. 357		
item of should of OCC	Village or City // Lewark	No. St War		
J - 70	Length of residence in city or two where death occurred D	f death occurred in a hospital or institution, give its NAME instead of street and number)		
D. Every YSICIANS	2. FULL NAME Some Scholield	If U. S. Veteran, specify WAR 70		
	(a) Residence: No.	St., Ward.		
	(Usual place of abode)	If nonresident give city or town and State		
RECC PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
E. T.	3. SEX 4. COLOR OR RACE 5. SINGAE, MARRIED, WIDOWED, OR PIVORCED (White the word)	21. DATE OF DEATH (Monty) (Day) (Year)		
ANER A CT Ssifted	5e/If married, wildowed, or divorced HUSBAND of			
DI TAN A C	(or) WIFE of	22. HEREBY CERTIFY. That attended deceased from		
BINDJ FERMA EXA y class te.	6. DATE OF BIRTH (month, day, and year) fully 19-1936	Wast sew h Cura alive on 19 2 4 , 193 5; death is sai		
	7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at		
FOR IS A I stated properle ertifica	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:		
ED FILLS I he s be p be p of ce	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of orange Date of onse		
A A A A A A A A A A A A A A A A A A A	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Jadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this eccupation fronth and			
INK INK E sh t it	Shall Ill fill?			
ARGIN RE; NFADING I pplied. AGE erms, so that instructions	year) occupation	Sther Contributery Causes of Importance:		
N DIN	12. BIRTHPLACE (city or town)	Contryone		
FADI ied. ns, sc	(State or country)	deoglopmun		
	13. NAME Some Schefull Michael M. 14. BIRTHPLACE (city or town)			
H - 70	4. BIRTHPLACE (city or town)	Neme of operation		
E a a	(State of Country)	What test confirmed diagnosis? Was there an eulopsy		
INLY, W INLY, W be carefu EATH in 1	15. MAIDEN NAME LISTENCE JUNGE JUNGE	23. If death was due to external causes (VIOL ENCE) fill In elso the following:		
Car CH ort		Accident, suicide, or homicide?		
AINLY, id be can DEATH y import	(State or country)	Where did injury occur? (Specify city or town, county and State)		
Y PI O A	17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
Shou E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
On SE	Place plus Cent Date 1 23, 100	Nature of injury		
-WRITE mation s CAUSE TION is	19. UNDERTAKER Alearne + Democis	24. Was disease or injury in any way related to occupation of deceased?		
No.	(Address) anora Hill ma	If so, specify		
S. B	7/201 ,36 REA 1 -11	(Signed)		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example 11	
The principal cause of death and related cause of importance were as follows:	Bate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUS 3 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N 1 year



B.—WRITE PLAI

V. S. No. 1

certificate.

TION is very important. See instructions on back

of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

	CE OF DEA			WITHIN COR	Registration Dist. No.
	ge or City_Po th of residence in ci			(lf Life mos	No. 206 Bank  death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	L NAME Ch Residence: No				St., Ward.  If nonresident give city or town and State
PER	RSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("urite the word)			D (write the word)	21. DATE OF DEATH Pocomoke City, July 6th., 193 6 (Month) (Day) (Year)
5a. If married HUSBAI (or) WI	d, widowed, or divo ND of FE of	rced			22. July HERJEBY CERTIFY, That lattendent scened from to help 1936
6. DATE OF	BIRTH (month, da	y, and year) Ap	ril 13t	h.1908.	I last saw h. M. alive on July 1936, death is said to have occurred on the date stated above, at 3.50 Pm.
	28	2	23	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
V A Indu	SAWYER, BOOKKEE stry or business it vork was done, as SAW MILL, BANK, deceased last wo his occupation (mo year)  ACE (city or town) e or country)	which SILK MILL, in etc	11. Total ti sper occu	factory ime (years) int in this upation ty	ACUTE NE Phr. 15: 6/25/36  Crimary Cause of the ocente neghritia: not known.  Physician Cannot give information asked for "  Other Contributory Causes of Importance:  UREMIE COMA AND 6/26/36
	E Walter				CONVUTSIONS.
	HPLACE (city or to (State or country)		set Cou	nty	Name of operation Date of Was there an autopsy?
15. MAII	DEN NAME Sa.]	lie Gur	iby		23. If death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Sallie Gunby  16. BIRTHPLACE (city or town) Vorcester County  (State or country) Maryland  17. INFORMANT Daisy Gunby					Accident, suicide, or homicide?
(Address) Pocomoke City, Maryland.  18. BURIAL-CREMATION OR-REMAYAL Place comoke City Maralaly 9 4, 19 36					Manner of injury
19. UNDERTAKER POMOKE City, Maryland.					24. Was disease or injury in any yay related to occupation of deceased?
20. FILED July 9. 1536 John To Roley Registrar.					(Signed) 1000 Hall had M.D.  (Address) 1000 Hac City had M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1	1	Example II			
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  AUG 3 1930	Date of onset	The principal cause of death and related causes of importance were as follows:			
	1915	Attack of epilepsy	1 week ago		
Construct homeonless	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

Other contributory causes of importance:

Gallstones

May 1,1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

7	100	1-04	1	٦
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-0	- 8	-6	9.	)

1. PLACE OF DEATH							
	County	. Harcester			Registration Dist. No. 35	9	
	Village or Ci	ity Pocomoke (	City		No. R.F.D. St.	Ward	
					death occurred in a hospital or institution, give its NAME instead of street and nuclear death of the death o		
-							
2		ME John Ber	lle rarr		If U. S. Veteran, specify WAR	*******	
	(a) Resident	ce: ND.	(Usual place o	f abode)	St., Ward.  If nonresident give city or town and S	tate	
	PERSON	AL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)					21. DATE OF DEATH July 14 (Month) (Day)	1936	
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Sallie H. Tarr					22.   HEREBY CERTIFY, That I attended do	eceesed from	
6 D	ATE OF BIRTH	month, day, end year) Too	v 16th.1	889.	Hast saw h. im. Bond. July 14. 19.36;		
-				If LESS than	to have occurred on the dete steted above, eab out the Market Market		
1	47	1	28	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:		
z	Trede, profes	ssion, or particular			Suicide.	Date of onset	
110		Ork done, es SPINNER, BODKKEEPER, etc.	arner				
UPA	work was	business in which done, es SILK MILL, L, BANK, etc					
OCCUPATION	10. Date deceese	ed lest worked et Jan 1.v	11. Totel tin	ne (yeers)			
	year)	petion (month and 193)	G occup	tin this Life.			
12.	BIRTHPLACE (cit (Stete or coun	y or town) Stackto	on. and.		Dther Contributory Causes of Importance: cee remarks on back of this certificate.		
ER	13. NAME	John Tar	070				
FATHER		(city or town) Stack1	an		Neme of operation Date of		
	(Stete or		lano.		What test confirmed diagnosis? Was there an au	topsy?	
H	15. MAIDEN NAI	2100200	terrix		23. If death was due to external causes (VIOLENCE) fill in elso the following:	36	
15. MAIDEN NAME Nancy Cherrix  16. BIRTHPLACE (city or town) Stockton (Stete or country) Naryland.					Accident, sulcide, or homicide? Sulcide Date of injury 7/14 . 19  Where did injury occur? Accident R. F. D. 2000		
17. INFORMANT ITS Habel Scott (Address) comple City Harvland.				nđ.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. HOME		
18. BURIAL CREMATION, OR REMOVAL Place 1 1 1 16th, 1936					Menner of injury Gun shot wound in head Nature of injury		
19	UNDERTAKER	bruon 1	te	recessor	24. Was disease or injury in any way related to occupation of deceased?	Vo	
15.	(Address)	ecomolie Cit	v Tarvla	ind.	If so, specify Justice of	the	
20.	FILED July	15., 36. J	John T.R.	il ey  Registrar.	(Signed) Peace, acto & (Address) Peace, acto & Cororne	18 M. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example T C E	IVEDII	Example II	
The principal cause of death and related confirmed of importance were as follows:  Arterioselerosis	auses Date of oaset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis 1 GURFAI	1 V c 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

,								S BY PHYSI		
man	Kill	ed.	Kurel	el	ly	Rui	Longo	shar	guer.	m
man	The	9	Solaw	Lec	Total	or	him	Koad	(1000.	100
						1			10	
.)										

of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

pay	hely	15	1
7	1	A	II
	-	1	11

1. PLACE OF DEATH	93-2
County Naccester	Registration Dist. No. 350
Village or City	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
C 10 1 0 1 .	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME G. Moody Jaylor	
(a) Residence: No. near Pocashope Esti	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male while mound	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND OF Della Parks Farely	22.   HEREBY CERTIFY, That I attended deceased from
M	19 10 19 19
6. DATE OF BIRTH (month, day, and year) March 22, 1883	I last saw h; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, and 30 Pm.
52 3 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
Z Trada, profession, or particular	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) UCCONOCK 60.	
(State or country)	
13. NAME Olaver H Kiglor Se.	
14. BIRTHPLACE (city or town) acknowled los.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME alice a. aydelotto	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME alice a. Cydelotte 16. BIRTHPLACE (city or town) Workster Co.	Accident, suicide, or homicide? Data of injury, 19
O 16. BIRTHPLACE (city or town) Work (Stata or country)	Where did injury occur? Bata of injury, 19
ne ce . O. Daddi	(Specify city or town, county and State)
17. INFORMANT / Con Saluruma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manage of International
Place Dannings Va Date I why 15-1934	Manner of injury
Oran Noull	Nature of injury
19. UNDERTAKER / LCI. O Millou.	24. Was diseasa or injury in any way related to occupation of decaased?
(Address) My huche ga	If so, specify
20. FILED July 13 1036 John J. Caley	(Signed) . D.
Registrar.	(Address) 72 20 /8

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
S. II		
3	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7781
1. PLACE OF DEATH	
County Worlester	Registration Dist. No. 352
Village or City Gean City	'No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Julia S. William	LUS. Yeteran apecify WAR
(a) Residence. No. Clean City	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  While  While OR DIVORCED (write the word)	21. DATE OF DEATH 26 (Month) (Day) (Year)
5a. If married, widowed, or divorced. HUSBAND of	
(or) WIFE of William &. Williams	22. I HEREBY OFRTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) H.A. 11, 1884	Hast sawher alive on July 24 1936; death is sald
7. AGE Years   Months Days   If LESS than	to have occurred on the date stated above, a 3 Am.
37 5- 15- 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, hausewife SAWYER, BOOKKEEPER, etc	Circhael Embolis
	will amount
SAW MILL, BANK, etc	
year) occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town)	Parsenge of Wilson
	dercinera of mines
13. NAME The man H. Maskers  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis?
E Charles	23. If death was due to external cathed VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
O   16. BIRTHPLACE (city or town)   State or country)	Where did Injury occur?
7/1 / Gash.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) (908 Polse (C)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Circola J. C. Date July 29, 1936	Nature of injury
19. UNDERTAKER L. M. Bullage	24. Was disease or injury in any way related to occupation of deceased?
(Address) / Berlage And.	If so, specify
20. FILED 12 20. 1976 Soft Registrar.	(Signed) M. D. (Address) RAME M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
HUREAU V. S.					
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN	

